

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SOUTHERN DISTRICT OF NEW YORK
2019 OCT 20 PM 3:07

Alphonso Syville

19 CV 9988

Write the full name of each plaintiff.

CV
(Include case number if one has been assigned)

City of New York -against-
Department of Homeless Services
DHS Peace Officer's Service

COMPLAINT

Do you want a jury trial?
 Yes No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

Federal Question

Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Americans with Disabilities Act (ADA), Rehabilitation Act of 1973, Human Rights, Negligence, PAIN Suffering, Post Traumatic Stress, Excessive force, Falsifying statements, unlawfully Imprisonment.

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of
(Plaintiff's name)

_____.
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____.

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of the State of _____
and has its principal place of business in the State of _____
or is incorporated under the laws of (foreign state) _____
and has its principal place of business in _____.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Alfonso Syville
First Name Middle Initial Last Name

Address → 106 Huen Bean Ave Swedesboro N.J. 08085
Street Address

County, City	State	Zip Code
<u>WOB-673-3205</u>	<u>SOHOVENT27@AOL.COM</u>	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Department of Homeless Services

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 2:

DHS Peace Police Officer's

First Name

Last Name _____

Current Job Title (or other identifying information)

33 Beech St

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 3:

First Name

Last Name _____

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 4:

First Name _____ Last Name _____

Current Job Title (or other identifying information) _____

Current Work Address (or other address where defendant may be served) _____

County, City _____ State _____ Zip Code _____

III. STATEMENT OF CLAIM

Place(s) of occurrence: 131 W 25th JACK RYAN Homeless shelter for single men NICK

Date(s) of occurrence: 7/2/19

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I was assaulted on 7/2/19 By DHS peace officer's at 131 JACK RYAN Homeless shelter for single man (see attachment #4 part 1-3)

I have a physical and mental illness and been fighting my SSI Case since 2016/April. But I been surviving off of welfare since. (See Attachment #1)

Staff at Jack Ryan refused to help me & physical client with my property through the metal detector's to be searched. Even after being called ahead of time from my previous shelter that my property was being transported from due to my back injury that staff at Jack Ryan needs to help me with my property when it arrived. (see attachment #4 part 1)

Also the main reason I was transferred to Bellview Hospital where I was about to have lower back surgery (see attachment #2)

Due to this, I was denied entrance to the Seal Ryan shelter. Then the peace officer put me in a Bear Hug, the other peace officer put me in a Headlock Took me down to the floor cut off my hands and ankles. Lifted me up by my Dress and Pulled out like 10 of my peers. Bangs my head off the wall as they drag me down like 15 steps in while wearing no cuffs on my way to the DHS office. Lies and falsified statements, locked me up. They clearly violated DHS protocol. (see attachment #3, #4)

INJURIES:

Help lift my Property to throw it away. (see attachment #6)

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Traumatizing for a person with a history with a Mental Disability. Scars from the excessive force leaving my hands and ankle cuffs, (permanent scars). Lost of HAIR, Continuing to cause more damage to my lower BACK. (I'm still trying to make an appointment to get my lower back surgery. Pain, Suffering, Negligence. (See attachment #3 and 5)

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

I'm looking for Hundreds Million in Damages
Dollars

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an JFP application.

10/28/19

Dated

Alfonso

First Name

Middle Initial

A. Sille

Plaintiff's Signature

Syville

Last Name

106 Hoenbeau Ave Swedesboro NJ 08085

Street Address

County, City

State

Zip Code

646-673-3205

Telephone Number

08085

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

Civil case(s) filed in the Southern District of New York:

Note: This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

1:19 CV. 09265

Sylville Alfonso
Name (Last, First, MI)

<u>106 Hornbeam Ave</u>	<u>Swedesboro N.J. 08085</u>		
Address	City	State	Zip Code
<u>646-673-3205</u>			
Telephone Number		E-mail Address	<u>Solvadent270 AOL.Com</u>
<u>10/28/19</u>		Signature	<u>A. J. J.</u>

Return completed form to:

Pro Se Intake Unit (Room 200)
500 Pearl Street
New York, NY 10007

Attachment 1

INCOME

{

SSI . Appeal
I Been fighting
This Case since
2006 - until present
(still active)

Attachment 1

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Alfonso Syille

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

1:19 CV. 09265 () ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

Social Security Administration

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? Yes No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? Yes No

Monthly amount: _____

If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? Yes No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: N/A

If "no," what was your last date of employment? N.A.

Gross monthly wages at the time: N.A.

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment Yes No

(b) Rent payments, interest, or dividends Yes No

ATTACH 2

- | | | |
|---|---|--|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Food stamps \$190 monthly \$40 cash monthly

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

N/A

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

N/A

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

N/A

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

N/A

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

N/A

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

10/7/19

Dated

Syville, Alphonso

Signature

A. J. B.

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

131 W 25

Telephone Number

E-mail Address (if available)

30Hoodent27@Aol.com



Attachment 2

Woodhull

WOODHULL MEDICAL CENTER
760 Broadway 3c-100
Brooklyn NY 11206
Dept: 718-963-8269

June 17, 2019

Patient: Alphonso Syville
Date of Birth: 9/27/1974
Date of Visit: 6/17/2019

(REDACTED)

Lower
Back
Operation

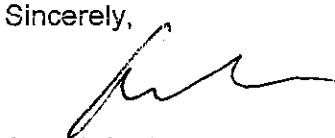
12/17/19

To Whom It May Concern:

It is my medical opinion that Alphonso Syville will need complete bedrest until recommendations from the spine doctors.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,


Suresh Patil, MD

This document was electronically signed on 6/17/2019 at 3:15 PM.

Referrals for
BACK SURGERY/REASON

I WAS TRANSFERRED TO JACK RYAN ON
W 25th AND 5th AND SAW SO I COULD BE CLOSER TO
~~Woodhull Hospital~~ Hospital where my lower back oper-
ation was going to take place IN THE NEAR FUTURE.

Syville, Alphonso (MR # 1076772)
Woodhull Orthopedics
760 Broadway 3C-100
BROOKLYN NY 11206
Phone: 718-963-8269
Fax:

Ext. 1

ATTaft2

Encounter Date: 06/17/2019

Date: Jun 17, 2019

Ambulatory Referral to Orthopedics

Patient: Alphonso Syville
466 Marcy Avenue
Apt 4D
BROOKLYN NY 11206
Phone: 646-730-3091

MRN: 1076772
DOB: 9/27/1974
SSN: xxx-xx-xxxx

Sex: M

1212 - 562

5751

Referring Provider Information:

PARVIN, FARHEENA

Phone: 718-963-8269

Fax:

713

Referral Information:

Visits: 1

Referral Type: Orthopedic [BK1]

Urgency: Next 7 Days

Referral Reason: Specialty Services Required

Start Date: Jun 17, 2019

End Date: To be determined by Insurer

Diagnosis: Spinal stenosis of lumbar region with neurogenic claudication (M48.062)

Refer to Dept:

Refer to Provider:

(Reason for Referral: L4-L5, L5-S1 disc protrusion compromising central canal and nerve roots. Pt has b/l LE numbness and urinary urgency. Please eval for management ASAP)

Authorized by: Farheena Parvin, PA

* This document serves as a request of services and does not constitute Insurance authorization or approval of services. To determine eligibility, please contact the members Insurance carrier to verify and review coverage.

If you have medical questions regarding this request for services. Please contact Woodhull Orthopedics at 718-963-8269 between the hours of 8:00am - 5:00pm (Mon-Fri).





ATT 39

Woodhull

August 15, 2019

Alphonso Syville
466 Marcy Avenue
4d
Brooklyn NY 11206

Patient: **Alphonso Syville**
MR Number: **1076772**
Date of Birth: **9/27/1974**
Date of Visit: **8/15/2019**

To whom it may concern:

Thank you for referring Alphonso Syville to me for evaluation. Below are the relevant portions of my assessment and plan of care.

Mr Syville is currently at a shelter facility in Bronx. He is being managed at Woodhull Medical and Mental Health center (brooklyn) for his medical condition and will receive a referral to Bellevue Hospital. It is difficult for him to travel from Bronx to Brooklyn for regular appointment follow ups.

Please allocate a shelter closer to his medical facility.

If you have questions, please do not hesitate to call me.

Sincerely,

A handwritten signature in black ink, appearing to read "SP".

Suresh Patil, MD

This document was electronically signed on 8/15/2019 at 3:26 PM.

Syville, A'phonso (MR # 1076772)
Woodhull General Surgery
760 Broadway 2C-230
BROOKLYN NY 11206
Phone: 718-963-8207
Fax: 718-630-3234

3140866
Encounter Date: 08/15/2019
Date: Aug 15, 2019

ATT.2

Ambulatory Referral to Neurosurgery

Patient: Alphonso Syville
466 MARCY AVENUE
4D
BROOKLYN NY 11206
Phone: 646-730-3091

MRN: 1076772
DOB: 9/27/1974
SSN: xxx-xx-xxxx
Sex: M

Referring Provider Information:

PARVIN, FARHEENA Phone: 718-963-8207 Fax: 718-630-3234

Referral Information:

Visits: 1 Referral Type: Surgical [2]
Urgency: Routine Referral Reason: Specialty Services Required
Start Date: Aug 15, 2019 End Date: To be determined by Insurer

Diagnosis: Chronic bilateral low back pain with bilateral sciatica (M54.42,M54.41,G89.29)

Refer to Dept:

Refer to Provider:

Reason for Referral: 44 y/o male with L4-L5, L5-S1 disc protrusion compromising central canal and nerve roots. Pt has b/l LE numbness and urinary urgency. Please eval for management ASAP

Authorized by: Farheena Parvin, PA

This document serves as a request of services and does not constitute Insurance authorization or approval of services. To determine eligibility, please contact the members Insurance carrier to verify and review coverage.

If you have medical questions regarding this request for services. Please contact Woodhull General Surgery at 718-963-8207 between the hours of 8:00am - 5:00pm (Mon-Fri).

ATT.2



Bellevue

Mr. Alphonso Syville
466 MARCY AVENUE
4D
BROOKLYN, NY 11206

9/10/2019

Dear Alphonso Syville,

This is a reminder for your upcoming appointment with BE NEUROSURG RESOURCE [11744056].

Date: 9/10/19

Time: 10:20 AM

Department: Bellevue Neurosurgery

Location: Bellevue Hospital Center

Visit Type: Consult

MRN: 3140866

Instructions: Ambulatory Care Building
1st Floor Clinic 1D

Please arrive at by 10:20 AM to check in and fill out any necessary forms.

If for any reason you are unable to keep this appointment, please contact the office at 844-692-4692 to reschedule.

Sincerely,

Patient Service Specialist for BE NEUROSURG RESOURCE [11744056]

ATT.2

Date: Sep 10, 2019

Bellevue Neurosurgery
462 1st Ave
New York NY 10016
Phone: 844-692-4692
Fax: 212-562-5603

Ambulatory Referral to Pain Management Clinic

Patient: Alphonso Syville
466 MARCY AVENUE
4D
BROOKLYN NY 11206
Phone: 646-730-3091

MRN: 3140866
DOB: 9/27/1974
SSN: xxx-xx-xxxx
Sex: M

Referring Provider Information:

ORILLAC, CORDELIA Phone: 844-692-4692 Fax: 212-562-5603
Supervisor: Stephen Russell, MD

Referral Information:

Visits: 1

Referral Type: Consultation [3]

Urgency: Routine

Referral Reason: Specialty Services Required

Start Date: Sep 10, 2019

End Date: To be determined by Insurer

Diagnosis: Back pain at L4-L5 level (M54.5)

Refer to Dept: BE PAIN MANAGEMENT

Refer to Provider:

Reason for Referral: refractory LBP not surgical candidate

Authorized by: CORDELIA ORILLAC, MD

This document serves as a request of services and does not constitute Insurance authorization or approval of services. To determine eligibility, please contact the members Insurance carrier to verify and review coverage.

If you have medical questions regarding this request for services. Please contact Bellevue Neurosurgery at 844-692-4692 between the hours of 8:00am - 5:00pm (Mon-Fri).

Additional Department Information:

Department: BE PAIN MANAGEMENT	Phone: 212-562-	Address: 462 1st Ave 5362	City: New York	State: New York
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ATT.2



Bellevue

Mr. Alphonso Syville
466 MARCY AVENUE
4D
BROOKLYN, NY 11206

9/10/2019

Dear Alphonso Syville,

This is a reminder for your upcoming appointment with BE UROLOGY R1.

Date: 10/03/19

Time: 3:00 PM

Department: Bellevue Urology

Location: Bellevue Hospital Center

Visit Type: Consult

MRN: 3140866

Instructions: Ambulatory Care Building
1st Floor Clinic 1C

Please arrive at by 3:00 PM to check in and fill out any necessary forms.

If for any reason you are unable to keep this appointment, please contact the office at 844-692-4692 to reschedule.

Sincerely,
Patient Service Specialist for BE UROLOGY R1

Attachment 3

Department

DHS police officer's

Rules and Client Right

ATT. 3



DHS PEACE OFFICER GUIDE

PROCEDURE No. 120-08

USE OF FORCE

Date Issued	Date effective	Revision Number	Page of Pages
01-01-02	01-01-02		1 of 2

USE OF FORCE

All DHS Peace Officers are responsible and accountable for the proper use of force under appropriate circumstances. Officers and Supervisors are reminded that the application of force must be consistent with existing law and common law enforcement values to value human life and respect the dignity of each individual. Depending upon the circumstances, both federal and state laws provide for criminal sanctions and civil liability against officers, when force is deemed excessive, wrongful or improperly applied. Additionally, administrative sanctions are also available in instances of abuse of authority or improper use of force.)

(The primary duty of all DHS Peace Officers is to preserve human life. Only that amount of force necessary to overcome resistance will be used to effect an arrest or take a dangerous mentally ill or emotionally disturbed person into custody.)

At the scene of an incident, many officers may be present and some may not be directly involved in taking enforcement action. However, this does not relieve any officer of the obligation to ensure that the requirements of law and agency regulations are complied with. DHS Peace Officers are required to maintain control or intervene if the use of force against a subject becomes excessive. Failure to do so may result in administrative, criminal or civil penalties. EXCESSIVE FORCE AND UNLAWFUL RESTRAINT OF INDIVIDUALS WILL NOT BE TOLERATED.)

All DHS Peace Officers at the scene of an incident must use minimum necessary force.

(DHS officers will NOT use chokeholds or apply any pressure to an individuals throat or windpipe, which may prevent or hinder breathing or reduce the intake of air. Officers shall avoid tactics such as sitting or standing on a subject's chest, which may result in chest compression, thereby reducing the subject's ability to breathe.)

(Whenever it becomes necessary to take a subject into custody, a DHS Police supervisor will be notified and respond to the scene. Responding officers will utilize appropriate tactics in a coordinated effort to overcome resistance. The DHS Police supervisor should direct and control all activity.)

Persons taken into custody shall be rear cuffed at the earliest opportunity to reduce the potential for resistance, which may cause injuries. Only handcuffs or other restraining devises authorized by the agency will be used.

After an individual has been controlled and placed under custodial restraint using handcuffs or other authorized methods, the person should be positioned so as to promote free breathing. The subject should not be maintained or transported in a face down position.

Part 1 Attachment
Title (Ext #1) 4

Assault

7/2/19

Althony Sjville
A. Sjville
Peggy

Page 1 of 4 Part 1
The ASSAULT

第4章

CLIENT COMPLAINT FORM

DATE: 7/3/19

TIME REPORTED: 6pm

REPORTED TO: Director of Security

CLIENT'S NAME: Holmes, Sville HA:

D.O.B: 9/27/74

SOC. SEC. #: 018-58-5767

NATURE OF COMPLAINT: I was assaulted by DHS police officer Waterton #261, Butler Jones
COMPLAINT: #

W . . . # JONES #

~~To whom this may concern 17/1/94.~~

I was assaulted By DHS police officers. (Look at the

Ms Sims sent my property from Renaissance
ON 7/2/19 By 1 of Her Staff member's was A
Client. THIS WAS DANE BECAUSE I CULDNT
CARRY MY BAGS Due to my Back Injury no
Sweat. Ms Sims called Jack Ryan and told
them that someBody MESS Help me with my Bags
First time ROB came, some Body at Jack Ryan told
me I wasn't there.

So the cops came again and they came to the
7th floor to get me. Page 2

COMPLAINT ENTER INTO LOG BOOK PAGE(S):

TIME OF COMPLAINT: _____ **INCIDENT REPORT #:** _____

WAS STAFF NOTIFIED? **IF YES, THEN WHO:**

MISCELLANEOUS NOTATIONS:-

MISCELLANEOUS NOTATIONS:
Please Call Ms Sims the Director
At Renaissance Men Shelter IN Brooklyn
And Mr. Pob who took and Bring my
Property from Brooklyn to Manhattan twice
So He And She can tell you How RUDE & DISRESPECTFUL

~~They was talking~~

PQ of 4 part 1

ATT. 4

E# 1087 1007

CLIENT COMPLAINT FORM

DATE: 7/3/19

TIME REPORTED: 7:15

REPORTED TO: Director of Jack Ryan

CLIENT'S NAME: Stephanie Sins

HA: _____

D.O.B: 9/27/74

SOC. SEC. #: _____

NATURE OF COMPLAINT: I WAS ASSAULTED BY DHS STAFF

Peace officers' WATER TOWER #261 Bailey, Jones,

I Come Down AND meet ROB outside. The People at JACK RYAN GAVE ROB A HARD time. Please CONTACT RENAISSANCE Stirling in Brooklyn and speak with MRS SINS and Mr ROB the tall Guy.

So now my property IS in the YARD waiting to Be search But somebody Gave a Help me, But it through the Mail Detector's. I ASKED THE 2 P.A. People that was IN the FRONT to Help me and they said, "I tell you But we Don't Do That. Then I ASKED DHS and they said No. Now lets not forget, I was transferred To Jack Ryan TO have BACK SUPERVISOR. DHS POLICE SUPERVISOR ON DESK.

COMPLAINT ENTER INTO LOG BOOK PAGE(S): _____

TIME OF COMPLAINT: _____ INCIDENT REPORT #: _____

WAS STAFF NOTIFIED? _____ IF YES, THEN WHO: _____

MISCELLANEOUS NOTATIONS:

Please Call Ms Sin 718-581-5798 and
Please Get Yall own copy of the tape so
Yall can really see I WAS ASSAULTED

CLIENT'S SIGNATURE: _____

P3 of 4 part 1

ATT.4

E# pg. 10077 DWD

CLIENT COMPLAINT FORM

DATE: 7/3/19

TIME REPORTED: 9 o'clock am

REPORTED TO: Director at Jack Ryan

CLIENT'S NAME: Alphonse Spiville

HA: _____

D.O.B: 9/27/75

SOC. SEC. #: _____

NATURE OF COMPLAINT: Assaulted By DHS police officers
Walertron, Bailey, Jones and whoever else. Please get the tape
COMPLAINT:

So I leave my Bass ~~mob~~ go through the Metal Detector, clear it AND Walertron jumped in front of me and said where you going. I paused and said this is my shelter. I'm gonna upstairs to get my phone to call the Coalition Against Homeless and get 2 clients to help me with my property. I turn Walertron around, hit west and grabbed me in a bear hug. He is scrapping my lower back and I'm trying to get loose. Then Bailey jumps me. Next thing I know I'm on top of Walertron. And Walertron still got me in the headlock and pulling my hair out at the same time.

DHS POLICE SUPERVISOR ON DESK: _____

COMPLAINT ENTER INTO LOG BOOK PAGE(S): _____

TIME OF COMPLAINT: _____ INCIDENT REPORT #: _____

WAS STAFF NOTIFIED? _____ IF YES, THEN WHO: _____

MISCELLANEOUS NOTATIONS:

Please watch the tape, Please!

CLIENT'S SIGNATURE: _____

P4 of 4 Part 1

ATTY

E# pg. 1000
100/100

CLIENT COMPLAINT FORM

DATE: 7/3/19

TIME REPORTED:

REPORTED TO: Director of Jack Ryan

CLIENT'S NAME: Alfonso Syville

HA:

D.O.B: 9/27/74

SOC. SEC. #: Please see Canceris

NATURE OF COMPLAINT: I was assaulted By DHS Peace Officers, Waterton #261, Bailey, Jones & other's

COMPLAINT:

I heard Jones yell, take him take him to a top of Waterton. I yelled, No, Don't take me, tell him to let my wife go and I'll let you cut me. Bailey was trying to break my arm up wrist, and another people was on me. But I couldn't see I WAS face down. Waterton shoulder pulling my hair tighter and still has me in a bear lock. They putinkle restrain on me. They and Waterton pulled me up by my hair. Started dragging me down stairs, banged my side & my head on the wall. Dragging me down the stairs in ankle restrain.

On my left wrist, everything extra tight so they left my skin cut off behind my back and a extra set of cuffs on my left wrist.

DHS POLICE SUPERVISOR ON DESK: None

COMPLAINT ENTER INTO LOG BOOK PAGE(S): None

TIME OF COMPLAINT: _____ INCIDENT REPORT #: See Hours

WAS STAFF NOTIFIED? _____ IF YES, THEN WHO: Please watch the Canceris

MISCELLANEOUS NOTATIONS:

Please see Canceris Downstairs in the DHS office where they had me cuffed. Please watch

CLIENT'S SIGNATURE: _____

Alfonso Syville
A. Syville 7/3/19

After The Assult

Part 2

ATT.4

Falsifying Statements

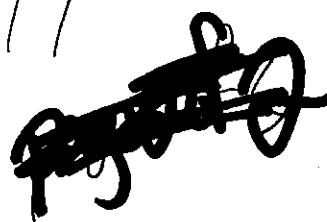
Excessive force

AND whatever else

Y'all See.

Alphonso Syllie
A. Syllie

7/4/19 **PAGES 2**



Page
1 of 2
of page
2

Att. 4

Taking over, may
Freeze. Giving me extra charges that I
DIDN'T DO. Had the cuffs too small,
cuffs on Rest tight FOR / / (After the)
Hours

7/4/19 (Assault)

Sorry about Not Knowing some of
the people involved NAMES OR BADGE
Number. (I just got to Jack Ryan on 6/30/19)
But I describe them to the best of
my ability and I will Definitely Point
them out to you

So the Sergeant Ms Stuk is the
one that told all of them to lie. She
never checks the tape, she says, "that's
why you were for service", she the 1 that
told Bailey, Wheterton to leave the cuffs behind
my back and front and to put the extra
cuffs on my left wrist Rest tight also.

So from the start, she started the
cover-up. She; A lightskin lady that
look like Popeye's ~~the~~ Girl mother. The
black old 1, little up top Big from the
~~stomach~~ Down with grey streaks in her
hair she wear in a ponytail. ~~the~~ Jones
I think that's her name but she got
A & two done face ~~the~~ lightskin

Part of Part 2
2 & 2

ATT. 4

*
to the
Assault
with Big fake eyeglasses. And that's
I seen Thomas or Thompson the 1
with short hair, overweight, with thick
seeing glasses.

So the Segnat has all of them in
a cover writing statements lying and
they will come to look at me, say something
then I'll say something and they'll say
what that's a lie. Why you
accusing her, charge.

And the Segnat keep everybody
statement, including Bailey & Waterton.
And they all lied, I never spit on
NO BODY.

Yes, I was was at Bailey &
Waterton and Jones for jumping me
and about to haze me for nothing.

So I might of said something
crazy to them, I was assaulter for nothing.

So her plan was to send extra
charges and statements with violent
lies with the hope that the Judge
denied me and that will really make
me really look like the aggressor.

Alfonso Spiller
Add 2/14/19

PART 3

AT.4

Treatment in Clfs
AND ANKLE RESTRAINTS
IN THE HOSPITAL CENTER
BOOKING.

Alphonso Spike
A. Spike

7/4/19

ages 63

Page 1
Treatment in Office and
Ankle Restraints and
and to Hospital and
carried booking

Pg 1 of 6

Part 3

ATT.4

7/4/19

So now they are transferring me in
ankle restraints and I can barely
walk. I am hoping in pain, ~~I'm crying~~.

I asked the Segovant to loose
them up I can barely walk. She says, "No"
when when I finally reaches the
ambulance opens. I asked the EMT lady
to loose the ankle restraints & can barely
walk. Jones says she again thick seeing
glasses with the short hair and one night
tells the EMT lady, "NO" my Segovant
wants to leave it. So the EMT lady
put me in the bus so I didn't have
to walk.

So it was me, ~~her~~ her again,
and Badge 718 and another DH's person
but she was cool.

I was suffering on ~~the~~ both of
my wrist, my lower back, right ankle,
head, panic attack, anxiety, fast heart
racing and violated.

But her again says Badge 718 left
my ankle restraints on for like a hour in
the hospital and was very disrespected

Page 2 of 6
Part 3

ATT.4

Dragging me & I can barely walk.
I got rejected when a different hospital
doctor told them they has to take off
the ankle right one to see if I'm in
pain, so they do. I was a ~~leap~~ on
my ankle right one. The doctor wrapped
it for me and her again and 718 badge
put the ankle restraint right back on.

And continues to drag and be very
unprofessional towards me and my injuries.
The Hospital ~~████████~~ also gave me Zoloft. They
also injects me with lidocaine in my
upper left arm for my lower back pain
After all I just went thru. Also for my
wrist and ankle and hand with a headache
& serious headache from Water ton
pulling my hair out on purpose. But

so now I get to Precident 11 or 13th and
I tell LT, I didn't do nothing and I have
anxiety and panic attacks. So it says
OK that Badge 718 and her system gotta
stay with me. ~~████████~~ Remember
about the ankle restraints at this time
because the pain injection was working
for my ankle, no more pain, wrist no more
PAIN, No headache but still lower back

Page 3 of 6
part 3

ATT.4

PAINS but not bad. So they put me in the jail cell and locked the door and denied me & HADN'T something to drink. So I started KICK the jail cell door and LT told TIPS and HAD TO take me back to the Hospital.

The Hospital refused to intake me so I was playing games. I saw PICTER I like 150 Zobit & Ray. I Hope yall give me 150 the first time. Also I messaged my ~~free~~ lower back again for kicking the cell door. The Doctor said so says they seen me ~~slap~~ and wouldnt give me another shot. And sent me back to Precinct 13th to get processed and finger-printed.

So Her again and Bailey was there was once I see Bailey & start disrespecting him cause & As a man I felt another man victimizes me on the streets and I'm getting locked up for it. And I asked for something to eat and DRINK and Bailey says Her again continues to ignore me and I KICK the cell door again AND LT came in and after LT ~~take~~ he again tazer gun out Her Host and -

Part 4 of 6
part 3

ATT. 4

tell Her again she suppose to have
checkered her laser gun once she
fired one in. LT ask me what's
wrong I said they want get me something
to eat Bailey says Her again. It told
Her again she better go get me something
to eat and break but I know only
thing I ate so far was a cup of fruit
from Bellue ~~on~~ my first trip.

I forgot what time we left but
Bailey was my arresting officer.
I would say Her again got me something
to eat around 12-1:30 pm. And I spoke
to two lady police officer she was real
cool. She was there to therapy me quick
and to make sure I wasn't thinking about
hurting or killing myself, (NEVER).

So I had to go ~~back~~ to Central Bookings
and see Gomez come and take over
cause at this time, he in charge of
the dfts workers.

We like you will I'm taking there
key restaurants off of you right now,
you guys, I tell Gomez says, yeah I'm
goin and say take the key restaurants
off we going to 100 Centre Street.

~~pg 5 of 7~~
Part 3

ATC

3:51 am I'm ^{going to} go some where
to sleep probably the ~~trails~~ in field
cause I been up since 11am 7/2/19 it's 3:53
am on July 4th 19, Independence Day. Why
Not.

Page b Part 3

ATT.4

b

So we ~~went~~ to 100 Centre St for Court and I'm not ready in the Court system. So DTS was forced to take me back to their office because I couldn't wait in Central Booking in盛ers due to Mental Illness.

I Got back to Jack Ryan at 2pm. With Detective ALTARZ.

So, I was cuffed on my ankles AND waist extra tight from 1pm July 2 until 1am July 3rd.

Alphonso Dwyer
A. Dwyer 7/4/19

Attachment 5

MEDICAL Reports

After I was assaulted
and went to the Hospital

AFT.S

AFTER VISIT SUMMARY

Alphonso Syville MRN: 1222726



Coney Island

7/4/2019

Coney Island Adult Ed 844-692-4692

Instructions

Please make sure to read the information provided to you today.

Please take your medication/s as instructed,

Please go to 1N20 to get a clinic card, if you don't have one yet, so that you can you could follow up in Coney Island Hospital clinic. Make sure to make an appointment or you might not be seen that day. Call (844) NYC 4 NYC or (844) 692-4692 to make an appointment using 24/7 appointment line.

Follow up with your doctor or specialist doctor when indicated in few days or sooner if symptoms worsen.

Return to ER if symptoms worsen.

Today's Visit

You were seen by BAYANI BASCARA, MD and Natalia Grinkina, PA

Reason for Visit

- Assault Victim
- Wrist Pain
- Ankle Pain
- Back Pain

Diagnoses

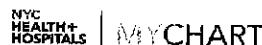
- Bruise of both arms
- Contusion of ankle, unspecified laterality, initial encounter

Medications Given

ketorolac (TORADOL) last given at 11:56 AM

What's Next

JUL 19 2019	Revisit with Suresh Patil, MD Friday July 19 1:40 PM 3C-100	Woodhull Orthopedics 760 Broadway 3C-100 BROOKLYN NY 11206 718-963-8269
SEP 3 2019	Lab Work Tuesday September 3 10:50 AM	Woodhull Outpatient Lab 760 Broadway BROOKLYN NY 11206 718-963-8000
SEP 7 2019	Revisit with SAMIA RIZKALLA, MD Saturday September 7 11:00 AM 2C-120/150	Woodhull Medicine Clinic 760 Broadway BROOKLYN NY 11206 718-963-8172



With MyChart, you can... Message your doctor... Request refills... See test results... See your visit summaries and upcoming appointments and much much more...

To sign up go to <http://mychart.nychealthandhospitals.org>, click "Sign Up Now", and enter personal activation code: **45VD5-PJBTF**
Expires: 12/16/2019 10:45 AM.

Additional Information:

If you have questions, you can go to <https://epicmychart.nychealthandhospitals.org/help> to contact our MyChart staff. Remember, for emergencies, always call 911 - do not use MyChart.

We appreciate that you chose us as your healthcare provider.

This form provides you with information about the care you received in our Emergency Department and instructions about caring for yourself after you leave the Emergency Department. If you have further questions concerning this visit please call us at the included phone

ART. 5

Allergies

Shellfish-derived Products

Allergy

Shortness Of Breath
Nausea And Vomiting
Swelling

Problem List

Date Reviewed: 5/30/2019

	ICD-10-CM	Priority	Class	Noted - Resolved
Annual physical exam	Z00.00			5/30/2019 - Present
Spinal stenosis	M48.00			1/4/2019 - Present
Back pain at L4-L5 level	M54.5			10/22/2018 - Present
Depression, major, recurrent (HCC)	F33.9			10/22/2018 - Present

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Alfonso Sylve

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

CV

() ()

-against-

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

City of New York

Department of Homeless Services & DHS Peace Officers Service

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? Yes No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? Yes No

Monthly amount: _____

If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? Yes No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: _____

If "no," what was your last date of employment? 4/2008

Gross monthly wages at the time: \$1300

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment Yes No

(b) Rent payments, interest, or dividends Yes No



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Insurance Information

- Do you have insurance? Yes No
Did you report your accident to your insurance company? Yes No
Were you paid by your insurance company? Yes No
Is payment pending? Yes No

Deductible Amount:

Insurance Company Name:

Address:

Address 2:

City:

State:

Zip Code:

Policy #:

Phone #:

Agent Name:

10/10/19

Date

State of New York
County ofAlphonso Syville

I, Alphonso Syville, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Signature of
ClaimantA. Syville

Sworn before me this day

10^a day of October 2018

Signature of notary

R. Cosme

EDWIN COSME
Notary Public, State of New York
No. 01CO6181959
Qualified in Kings County
Commission Expires 09/10/2020

Property lost
Claimed

Page 1 of 4

July 2nd I Alfonso Syville property
was being transferred from Mica Renaissance
Single Mens Adult Shelter in Brooklyn to
Jack Ryan Mens Adult shelter on West in
Manhattan

The reason for the transfer from Brooklyn
to Manhattan was, So I can be closer to
Bellevue Hospital to go through a liver transplant
Also, it's medical documented that I can not
lift anything over 10 pounds. (Which is like 3 coffee
Bags all over 20 pounds).

The Director ~~informed~~ from Renaissance
Informs the staff at Jack Ryan Before Hand
that they would have to help me with my
property ~~at~~ once it arrived at Jack
Ryan.

2022 & 4

My Property Dealer and the staff at
Jack Lynn choose to Help me with my
property through the Metal Detector.

I was assaulted due to this and I
was released on July 3rd which I returned to
Jack Lynn and went back to him with my Property.

About 8pm I was told I was transferred
to 124st in Lexington another Single Adults Mens
shelter. I asked will some body be helping me transport
my property no again I was told "No" we don't
do that. Instead I was given 1 metro car
and told I have to get to 124st in Lexington the best
way I can. (Desp. me being able to carry anything over
10 pounds.)

So I packed me a small bag and went over
sleep on the Street.

Page 3 of 4

A few days later I was told I've been transferred to a Single Adult shelter in the Bronx 21st St Louis. I told DAS that I already have a separation from that shelter and DAS said, I'm being

On Sept 1 I went to 1 police Plaza to file the complaint and I was transferred again to Fort Washington in the Bronx at the first week of September.

I asked for my Property at Jack Ryan and was told that my Property was thrown away because I couldn't get it in 7 days of the time it got picked up on July 2nd at Jack Ryan (that's all I know, so basically Jack Ryan threw my wife like away).

Also I been sleeping on the streets since July 2nd and still there as of right now 10/10/19.

Page 4 of 4

I think I should get Reimbursed because

- 1) Nobody / Staff would not Help me with my Property
Despite Medical Doctors says I don't fit anything
over 10 pounds. (so there is no way I could've transported
my property with me).
- 2) Jack Ryan was informed after of time by another
Director to help me with my property.
- 3) Staff Job is to Help and Help transport Medical and
medical ill Clients such as myself with their property
Personal and Private.

- 1) Things I have on my Property, (some is priceless)
Unknown → 1) I have a Baseball Collection, unknown Worth (\$100's of
Thousand)
- 2) LS top \$1700
NOT ADDED
- 3) Tablet \$500
- 4) 3 phones iPhone 5, Samsung Galaxy, Galaxy 7 \$1200
- 5) 3 pair of Wireless Headphone \$400
- 6) Vintage Brooklyn Nets were that can't be gotten no
more \$500
- 7) Clothes, under clothes, Winter Coats and Clothes, 3 pair
of Sneakers, 1 pair of boots \$1600
- 8) 1 Gucci Watch \$500
- 9) 1 Bose wireless Speaker \$300
10. Precious stuff, (pictures of my 3 daughter and family
Dating as far back as 1995)
11. Copy of my Second Book I wrote
12. A lot of legal Court Documents